


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000001230 1. Entity Name ISLAND PINES I CONDOMINIUM ASSOCIATION, INC.	
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FILED
06 NOV 20 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1155 HANCOCK CREEK SOUTH BLVD CAPE CORAL, FL 33905	Mailing Address 1155 HANCOCK CREEK SOUTH BLVD CAPE CORAL, FL 33905
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12650 WHITEHALL DR Suite, Apt. #, etc.
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11032006 REIN-NP CR2E099(11/05) **06**

City & State FORT MYERS, FL	4. FEI Number Applied For Not Applicable	
Zip 33907	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

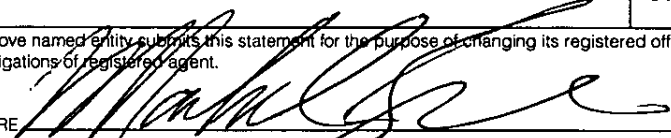
6. Name and Address of Current Registered Agent

SWALM, BOURGEOU & DAVIES, P.A.
 2375 TAMiami TRAIL N
 STE 308
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name **MARK R. BENSON**
 Street Address (P.O. Box Number is Not Acceptable)
12650 WHITEHALL DR
 City **FORT MYERS FL** Zip Code **33907**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **11-15-06**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		Delete
TITLE	D FOUS, GREGG	<input checked="" type="checkbox"/>
NAME	12730 NEW BRITTANY BLVD	
STREET ADDRESS	FT MYERS, FL 339074681	
CITY-ST-ZIP		
TITLE	D MALOOLY, PATRICK	<input checked="" type="checkbox"/>
NAME	12730 NEW BRITTANY BLVD	
STREET ADDRESS	FT MYERS, FL 339074681	
CITY-ST-ZIP		
TITLE	D SCAMEHORN, WAYNE	<input checked="" type="checkbox"/>
NAME	12730 NEW BRITTANY BLVD	
STREET ADDRESS	FT MYERS, FL 339074681	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	D Donald E. Reynolds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	9200 Estero Park Commons #1		
STREET ADDRESS	Estero, FL 33928		
CITY-ST-ZIP			
TITLE	D Kenneth Nichols	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	9200 Estero Park Commons #1		
STREET ADDRESS	Estero, FL 33928		
CITY-ST-ZIP			
TITLE	D Christopher Spina	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	9200 Estero Park Commons #1		
STREET ADDRESS	Estero, FL 33928		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Reynolds Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR